

THE NORMANDY MEDAL of the JUBILEE of LIBERTY APPLICATION

(PLEASE TYPE or PRINT)

Last
Name _____ First _____
Middle Initial _____

Address _____

Telephone Number (include area code) _____

SERVICE INFORMATION

SERIAL
NUMBER _____

SOCIAL SECURITY
NUMBER _____

Branch of Service _____

Rank _____

Unit _____

Date you landed in Normandy _____
(NOTE: MUST BETWEEN 6 JUNE 1944 and 31 AUGUST 1944)

A COPY OF YOUR DISCHARGE DOCUMENT (AGO 53-55) MUST ACCOMPANY
THIS APPLICATION. Deadline Date to return application, 6/15/04.

Applicant's Signature _____

Date _____

Please return all information to Congressman Ballenger's Hickory District Office, P.O.
Box 1830, Hickory, NC 28603.